

SCHOOL MENTAL HEALTH STANDARDS

PURPOSE

The purpose of these standards is to provide direction and guidance to the Children and Family Services (CFS) programs regarding the structure and application of school mental health services for children with SED. These standards are intended to achieve statewide consistency in the development and application of CMH core services and shall be implemented in the context of all applicable laws, rules and policies.

INTRODUCTION

In 1998, the Children's Mental Health Services Act (CMHSA) was the first piece of legislation in Idaho to charge multiple agencies (including DHW, DJC, SDE, counties and local school districts) with the responsibility of collaborating in the planning and development of comprehensive mental health services for children with SED and their families. DHW contributes to the delivery of school mental health services primarily through contracts with school districts. These standards are intended to be used by the DHW for guidance in contracting with school districts for the provision of school mental health services.

Commonly referred to as day treatment, school mental health includes an array of mental health services that are delivered in a school setting to children with behavioral or emotional disturbance. Stroul and Friedman (1986) define day treatment as the provision of a broad range of services delivered in a coordinated manner, designed to strengthen individual and family functioning and to prevent more restrictive placement of children. Students and families experience a range of problems thus, a comprehensive system of supports is critical to meet the needs of this diverse population of students. The array of school mental health services addressed here includes the most intensive form of nonresidential mental health services, called day school (a.k.a. partial hospitalization), to the lesser restrictive levels of care, like school companion supports.

CORE VALUES

- The system of care should be child-centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
- Children with emotional disturbance should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.

- Children with emotional disturbance should receive services within the least restrictive, most normative environment that is clinically appropriate.
- Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child, and guided by an individualized service plan.
- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.
- The needs of children and families can more effectively be met through flexible funding strategies than through categorical funding restricted to the most expensive resources.

STANDARDS

- 1. Each Department of Health and Welfare region shall ensure that school mental health services are available to children with SED in one of two ways:**
 - a. Contracting with school districts for the delivery of the mental health component of a school mental health program.**
 - b. Contracting with a provider of school mental health services for the provision of services to individual children specifically identified by DHW to need that service.**
- 2. DHW shall only fund school mental health services that are delivered to children with serious emotional disturbance that are enrolled in DHW's Children's Mental Health program.**
- 3. DHW contracts with districts and agencies for school mental health services shall require that the service is delivered by qualified staff, meeting the licensure and/or certification requirements of the specific service that they are contracted to provide.**
- 4. The provision of school mental health services shall be directed by a treatment plan that identifies specific, measurable objectives and shall be developed cooperatively between the district or agency, DHW, the family and other parties as agreed to by the family.**
- 5. The district or agency that DHW contracts with for the provision of school mental health services shall evaluate the effectiveness of those services through an on-going quality assurance process that, at a minimum, measures consumer satisfaction and outcome achievement. Specific quality assurance**

activities and outcomes shall be detailed in the contract with the district or agency.

- 6. School mental health services shall include a family support component that, at a minimum, coordinates parent support and education with other community providers.**
- 7. Although DHW has a requirement to bill for CMH services that it provides to children with SED and their families based on a sliding fee scale, DHW shall waive its right to bill for school mental health services delivered by school districts in accordance to Free and Appropriate Public Education (FAPE). DHW shall retain its right to be for services that are not specifically identified as school mental health services in the child's treatment plan.**
- 8. School mental health services shall not be delivered directly by DHW staff.**
- 9. The contracted district or agency shall not be reimbursed by both Medicaid and through a contract for the same service.**
- 10. DHW shall work with each district or agency to explore the opportunities for billing Medicaid for school mental health services.**
- 11. Contract awards shall be determined by one of the two following methods:**
 - a. A fee for service in which DHW purchases school mental health services from a district or agency for individual children as identified by DHW as needing that service.**
 - b. A fee for service based on the percentage of children enrolled in DHW's CMH program and also enrolled in the district's school mental health service.**
- 12. Any variance to these standards shall be documented and approved by division administration, unless otherwise noted.**
- 13. Each region shall establish school mental health delivery goals and shall annually submit a plan and timeline to achieve those goals to division administration for approval.**